

DRIVER LICENSE/IDENTIFICATION CARD APPLICATION

Type: ☐ Driver License ☐ Motorcycle ☐ Instruction Permit ☐ Identification Card

You are required by ARS 28-3158(D)(5), 28-3165(F) and 42 USC 405(c)(2)(C) to provide your Social Security Number. It will be used to verify your identity and to comply with federal and state child support enforcement laws. It will not be used as your driver license or identification card number.

| 40-512 | 22 R05/ | | CIC | www.a | zdot.go | | | | | | | | | | iver license or iden | | | | |
|---|--|------|------|-------|---------|------|--------|----------------|---------------|------------|----------------|------------|--------------|------------|-----------------------|-------------|-----------|------------------|----------|
| Social Security Number Applicant Name (fin | | | | | | | | | Applicant I | Name (fire | st, middle, | last, suff | ast, suffix) | | | | | | |
| | | - | | - | - | | | | | | | | | | | | | | |
| Residence Street Address | | | | | | | | | | | | Cit | у | | | State | Zip | | |
| Mailing Address (if different from above) | | | | | | | | | | | City State Zip | | | | | Zip | | | |
| ☐ Str | eet | | Mai | ling | Which | n ac | ddres | s d | o you want | to appea | r on your | license? | , | | | Į. | | • | |
| Sex Weight Heig ☐ Male ☐ Female | | | | | | | Height | ight Eye Color | | | | | Hair | | Date of Birth | | | | |
| Curren | Current Driver License Number Name on Current Driver License or ID (if different from above) | | | | | | | | | | | | | | | | | | |
| Class | | | | | | | | | | | | | | State | Issue Date | | Expirati | on Date | _ |
| ☐ Operator ☐ Motorcycle ☐ Commercial (C | | | | | | | | | , , | CDL) | | | | | | | л Бако | | |
| ☐ Yes ☐ No Has your driving privilege ever been suspended, disqualified, canceled, denied or revoked? | | | | | | | | | | | | | | | | | | | |
| If Yes: States Dates Reasons | | | | | | | | | | | | | | | | | | | |
| ☐ Yes | ☐ Yes ☐ No — Is your driving privilege now suspended, disqualified, canceled, denied or revoked? | | | | | | | | | | | | | | | | | | |
| ☐ Yes | ☐ Yes ☐ No Do you have a license from more than one state or jurisdiction? | | | | | | | | | | | | | | | | | | |
| □ Му | ☐ My vehicle is registered in another state (indicate which state): State ☐ I am active duty military or family member. | | | | | | | | | | | | | | | | | | |
| ☐ I am an out-of-state student or family member. ☐ I want to show a medical alert condition on my license/ID (must submit physician or registered nurse practitioner statement). | | | | | | | | | | | | | | | | | | | |
| ☐ I also want this alert maintained on my permanent computer record. (If not checked, when you reapply or request a duplicate, the alert will not | | | | | | | | | | | | | | | | | | | |
| appear on your license/ID unless you resubmit a physician or registered nurse practitioner statement.) | | | | | | | | | | | | | | | | | | | |
| I consent to the release of personal information contained in my driver license and vehicle record. I understand that this is not a one-time consent that applies only to a specific individual or organization, but is instead a general consent that applies to all requests from any and all individuals or organizations for any purpose, until revoked by me in writing. Consent for a vehicle record applies to all owners. | | | | | | | | | | | | | | | | | | | |
| ☐ Yes | ☐ Yes ☐ No Do you have a visual, physical or psychological condition, alcohol/drug dependency or are you taking any medications that could affect your ability to drive? (driver license applicants only) | | | | | | | | | | | | ıld | | | | | | |
| Please | Expl | ain | | | | | | | | | | | | | | | | | |
| ☐ Yes | 1 🗆 | No | Ha | ve yo | u eve | r be | een c | lete | rmined to b | e incapa | citated by | a court | ? (dı | iver licer | nse applicants only | y) | | | |
| ☐ Yes | 1 🗖 | No | Are | you | a Uni | ted | State | es c | citizen who | wishes to | register | to vote o | r up | date you | ır existing voter re | gistration? |) | Party Preference | |
| □Iwa | ant to | be p | lace | ed on | the p | erm | nanei | nt e | arly voting l | ist and re | eceive an | early ba | llot | by mail fo | or each election I | am eligible |). | | |
| □lwa | ant to | be a | n or | gan a | nd tis | sue | don | or. | By checking | g this box | , Donor N | letwork o | f AZ | will add | me to the Donate | Life AZ Re | gistry. | | |
| All Applicants: I certify that the information above is true and correct. I understand that I must report a change of address or name to MVD within 10 days. All Driver Applicants: I understand the laws, rules and regulations described in the Arizona Driver License Manual, and that I must report to MVD in writing, within 10 days, any medical condition that develops or worsens that may affect my ability to safely operate a motor vehicle. | | | | | | | | | | | | | | | | | | | |
| Male Applicants Under 26: By submitting this application, I consent to registration with the Selective Service System if I am required to register under federal law. If I am under 18, I understand that I will be registered as required by federal law when I become 18. | | | | | | | | | | | | er | | | | | | | |
| certify | Voter Registration: I certify that I am not a convicted felon or my civil rights have been restored, and that I have not been adjudicated incompetent. I certify that I am a United States citizen. Submitting a false voter registration is a Class 6 felony. Your decision to register to vote or not, and where you submitted your application, will remain confidential. | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Арр | licant Sig | nature (If | under 18 | , Le | gal Guard | lian Certificate on t | he back mu | ust be co | ompleted.) | |
| | | | | | | | | | <u> </u> | | | | | Nota | ary or MVD Agent S | Signature | | | \dashv |

Acknowledged before me this date.

County

Commission Expires

State

Date

| | | | al parent | , married | heck one) – #1 & d to other natura e custody | | - | □ 4. | | | | y require one c i, not married | | • | | - | • | | | quires bo | th. | |
|------------------|---|--|-------------------------------|---|--|---------------|----------|-------------|---------------------------------------|--|---------------------|--|------------------------|-------------------------|-------------|-------------------|---------------|-----------|-----------|------------------|--------|--|
| | | 🗖 3. Full le | egal guar | dian (pro | oof required) | | • | | | | | | | | | | | | | | | |
| dian | _ او | This certificate is for a driver license or permit application. I am responsible for any negligence or willful misconduct caused by the minor application. | | | | | | | | | | | | | applicar | nt. | | | | | | |
| uar | licat | Name (first, middle, last, suffix) Name | | | | | | | | | | | | | | | | | | | | |
| egal G | Certificate | Signature | | | | | | | | | | Signature | | | | | | | | | | |
| ľ | I⊦ | Λ -lll | | Notary or | MVD Agent Signature | | | | | | ۸ - | des seeds also al | ΙN | lotary or | · MVE | D Agent Signa | ture | | | | | |
| | | Acknowledge before me th | eu | , , | 3 3 | | | | | knowledged fore me this dat | | , , , | | | | | | | | | | |
| | | Date Cou | | | | State Commiss | | | sion Exp | on Expires Date | | С | County | | | State | Со | mmis | sion Exp | ires | | |
| F | ╡ | The applicant completed at least 30 hours of supervised driving practice , including at least 10 hours at night for a gradu 30 hours of motorcycle riding practice for a motorcycle license or motorcycle endorsement. | | | | | | | | | | | | | | aduated | d driv | er lic | ense; at | t least | | |
| | | | | cycle endorsement. Parent or Guardian Name | | | | | | | | | | | | | | | | | | |
| ice | | Parent or Guardian Name (first, middle, last, suffix) | | | | | | | | | | | | | | | | | | | | |
| Driving Practice | cate | Parent or Guardian Signature | | | | | | | | | | rent or Guardia | ın Sigr | nature | | | | | | | | |
| ng | | | | Notonior | MVD Agent Sign | oturo | | | | | | | LNI | loton, or | · N // \/ F | Agont Signa | turo | | | | | |
| ΪŽ | ران ا | Acknowledge before me th | z u | Notary of | MVD Agent Sign | alure | | | | | | knowledged fore me this dat | | iolary or | IVIVL | J Agent Signa | ent Signature | | | | | |
| ľ | | Date | | County | | St | ate Co | mmiss | sion Exp | | Da | | | County | | | 5 | State | Com | mission E | xpires | |
| | Ш | | | | | | | | | | | | | | | | | | | | | |
| | /D U | ISE Observation | IS | | | | | | | | | | | M | edica | al Certificate E | xpires | MVI | D Age | ent | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Bir | th Ce | rtificate State | e/Control # | # Ti | ribal CIB# | | (| Citizer | nship/lm | migra | tior | n Type/Form # | So | cial Sec | urity | # | | | | | | |
| Sta | State Driver License/ID Card # Issue Date Exp. Date Credit Card | | | | | | | | | | Issuing Institution | | | | | | Exp. Dat | e | | | | |
| | | | | | | | | | | | | | | | | • | | | | | | |
| Ad | dition | al Document | ts | | | | | | | | | | | | | | | | MVD Agent | | | |
| | | | Visual A | cuitv | | | | | V | /isual | Fi | eld | | | | | | | | | | |
| Ri | ght | | Left | | Both | Right | | Nas | al-Right | | Le | | Nasal | l-Left | I | | | MVI |) Age | ent | | |
| 20 | / | ☐ Blind | 20/ | ☐ Blind | 20/ | | 0 | 0 | | 0 | | 0 | | 0 | | ☐ Corrective Lens | | | | | | |
| _ | | | | s of the R | | | T5 : | | | | Skills Test | | | | | Moto | Knowledge | | | | | |
| ₹ | Date | Date Series | | Grade | MVD Agent | | Date | Date | | Grade | | MVD Agent | | Date | | Grade | | MVD Agent | | | | |
| 2nd | Date | | Series Grade MVD Agent | | | | Date Gra | | | | e MVD Agent | | | Date Grade | | | MVD Agent | | | | | |
| 3rd | Date | ate Series | | Grade | MVD Agent | | Date | | | Grade | de MVD Agent | | | Date | | Grade | | MVD Agent | | | | |
| | 1st | 2nd | 3rd | Points | l Actua | Driving Test | | | | | Aı | | | Automatic Failure Codes | | | | ı | | | | |
| | | | 10 ea Fails to make full stop | | | | | | Offset Backing Other (describe below) | | | | | | | | | | | | | |
| | | 10 ea Crowding center line A - S | | | | | | | Struck | (p) | | E - Involve | - Involved in accident | | | | | | | | | |
| | | | | | | | | | Distan | ance from curb F - Dangerous action | | | | | | | | | | | | |
| | | 10 ea Right of way to vehicle or pedestrian C - J | | | | | | | Jumpe | mped curb or took too long G - Serious violation | | | | | | | | | | | | |
| | | | | | | | | | Inabili | nability after three attempts H - Refused instructions | | | | | | | | | | | | |
| | | 4 ea Choice of proper lane Commer | | | | | | | nante | Immediate Rejection: I – Failed vehicle inspection | | | | | | | | | | | | |
| _ | | 4 ea Oighaing | | | | | | | | | | | | | | | | | | | | |
| - | | 4 ea Use of brakes 4 ea Observation and planning | | | | | | | | | | | | | | | | | | | | |
| | | 2 ea Operation of motor vehicle | | | | | | | | | | | | | | | | | | | | |
| | | | | 2 ea Position after stoppin | | | | | | | | | | | | | | | | | | |
| | | | | 2 ea | Waits too long | Validation | on | | | | | | | | | | | | | | | |
| | | | | 2 ea | Too slow | | | | | | | | | | | | | | | | | |
| | | | | 2 ea | Steering | | | | | | | | | | | | | | | | | |
| | | | | 2 ea | Improper turn | | | | | | | | | | | | | | | | | |
| | | Total Points Off | | | | | | | | | | | | | | | | | | | | |